

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
MEDICAL ASSISTANCE ADMINISTRATION  
Olympia, Washington**

**To:** Home Infusion Therapy Providers  
Parenteral Nutrition Therapy Providers  
Managed Care Plans

**Memorandum No: 05-79 MAA**  
**Issued:** August 12, 2005

**From:** Douglas Porter, Assistant Secretary  
Medical Assistance Administration (MAA)

**For information, call:**  
1-800-562-3022

**Subject: Home Infusion Therapy/Parenteral Nutrition Program: Fee Schedule Updates**

**Effective for dates of service on and after September 1, 2005,** the Medical Assistance Administration (MAA) has revised the maximum allowables for gloves in the current *Home Infusion Therapy/Parental Nutrition Program Billing Instructions*.

**Fee Schedule Changes**

<b>Procedure Code</b>	<b>Description</b>	<b>NH Per Diem?</b>	<b>Maximum Allowable</b>
A4927	Gloves, nonsterile, per box of 100.	Y	\$6.55
A4930	Gloves, sterile, per pair.	Y	\$0.60

Bill MAA your usual and customary charge.

**Billing Instructions Replacement Pages**

Attached are updated replacement pages E.7–E.8 for MAA’s current *Home Infusion Therapy/Parenteral Nutrition Program Billing Instructions*.

## How can I get MAA's provider issuances?

To obtain MAA's provider numbered memoranda and billing instructions, go to MAA's website at <http://maa.dshs.wa.gov> (click on the *Billing Instructions/Numbered Memoranda* or *Provider Publications/Fee Schedules* link).

To request a free paper copy from the Department of Printing:

1. **Go to:** <http://www.prt.wa.gov/> (Orders filled daily.)
  - a) Click *General Store*.
  - b) If a **Security Alert** screen is displayed, click **OK**.
    - i. Select either *I'm New* or *Been Here*.
    - ii. If new, fill out the registration and click *Register*.
    - iii. If returning, type your email and password and then click *Login*.
  - c) At the **Store Lobby** screen, click *Shop by Agency*. Select *Department of Social and Health Services* and then select *Medical Assistance*.
  - d) Select *Billing Instructions, Forms, Healthy Options, Numbered Memo, Publications, or Issuance Correction*. You will then need to select a year and then select the item by number and title.
2. **Fax/Call:** Dept. of Printing/Attn: Fulfillment at FAX (360) 586-6361/ telephone (360) 586-6360. (Orders may take up to 2 weeks to fill.)

## Home Infusion Therapy/Parenteral Nutrition Program

Procedure Code	Description	NH Per Diem?	Maximum Allowable
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### Miscellaneous Infusion Supplies

<ul style="list-style-type: none"> <li>Reimbursement is limited to a one-month's supply.</li> </ul>			
A4927	Gloves, nonsterile, per box of 100. <b>1 unit = box of 100; Units exceeding 9 per month require prior authorization effective with dates of service on and after July 1, 2005.</b>	Y	<b>\$ 6.55</b>  <i>Effective for dates of service on and after 09/01/05</i>
A4930	Gloves, sterile, per pair.	Y	<b>0.60</b>  <i>Effective for dates of service on and after 09/01/05</i>
E1399	Sharps disposal container for home use, up to 1 gallon size; each. Maximum of 2 allowed per client per month. <b>Must bill using EPA code 870000855. See page D.2.</b>	Y	3.85
E1340	Repair or nonroutine service, for durable medical equipment requiring the skill of a technician, labor component, per 15 minutes. <b>Must submit invoice with claim.</b>	N	17.43
E1399	Equipment repair, parts. <b>Must bill using EPA code 870000857. See page D.2. Must submit invoice with claim.</b>	N	B.R.
E1399	10 quart chemotherapy waste container. 1 per client per week. <b>Must bill using EPA code 870000858. See page D.2.</b>	Y	7.18
B9999	No other code for parenteral supplies. <b>Requires prior authorization. SEE INSTRUCTIONS ON NEXT PAGE.</b>	N/A	B.R.

## Miscellaneous Parenteral Supply Procedure Code B9999

Miscellaneous procedure code B9999 requires prior authorization. In order to be reimbursed for B9999, you must **first** complete the attached DSHS 13-721 form and fax the form to MAA for review and approval. Keep a copy of your request in the client's file.

To download this form, go to: <http://www1.dshs.wa.gov/msa/forms/eforms.html>


**Do not submit claims using HCPCS code B9999 until you have received an authorization number from MAA indicating that your bill has been reviewed and approved.**

Include the following supporting documentation with your fax for approval:

- Agency name and provider number;
- Client PIC;
- Date of service;
- Name of primary piece of equipment and whether the equipment is rented or owned;
- Invoice;
- Prescription; and
- Explanation of client-specific medical necessity.

**Make copies of the attached form and mail/fax to:**

Medical Assistance Administration  
Home Infusion Therapy/Parenteral Nutrition Program  
PO Box 45506  
Olympia, WA 98504-5506  
FAX: (360) 586-1471

 **See Justification for Use of Miscellaneous Parenteral Supply Procedure Code (B9999) form [DSHS 13-721] on next page...**